

PTO/SB/04 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Attorn y Docket Numb r	A006 USCON				
First Named Inv ntor	Burkly, Linda C.				
COMPLETE IF KNOWN					
Application Number	09/824286				
Filing Date	4/2/2001				
Group Art Unit	1646				
Examiner Name	Eileen B. O'Hara				

As a below named inventor, I hereby declare that:						6 2003
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first below) of the subject matter wh	and sole inventor (if only one name is l nich is claimed and for which a patent is	isted below) or an orig s sought on the inventi	nal, first and joi on entitled:	nt inventor (if plural-pe	ECH CEMT	ER 1600/2900
Common Gamma Cha	in Blocking Agents					
the specification of which	(Title of the I	nvention)		74		
is attached hereto						
was filed on (MM/DD/Y)	(YY) 4/2/2001	as United	States Applicat	ion Number or PCT Ir	nternational	
Application Number	09/824286 and was ame	nded on (MM/DD/YYY	٧) [(if applicable).	
I hereby declare that the subject was part of my or our invention a	matter of the attached amendr	ment amendme		ified for such invention	n.	
-	ed and understand the contents of the					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.						
365 (a) of any PCT internationa have also identified below, by ch	nefits under 35 U.S.C. 119(a)-(d) or 36 Il application which designated at leas ecking the box, any foreign application I the application on which priority is clai	it one country other the for patent or inventor	an the United :	States of America, ils	ted below and	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	Attached?	
Number(8)		(11.11.11)		YES		
				H	H	
				<u> </u>		
Additional foreign applicatio	n numbers are listed on a supplement	al priority data sheet P	TO/SB/02B atta	ched hereto:		
I hereby claim the benefit u	nder 35 U.S.C. 119(e) of any United St	tates provisional applic	ation(s) listed b	elow.		
Application Number(s	s) Filing Date (MM/D	D/YYYYO				
60/017,466	05/10/196	66	number priority	onal provisional app ers are listed on a s data sheet PTO/S ed hereto.	upplemental	
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[Page 1 f 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Additional inventors are being named on the

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DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Patent Number RECEIVED **Parent Filing Date** U.S. Parent Application or PCT Parent (if applicable) (MM/DD/YYYY) Number MAR 2 6 2003 6,323,027B1 09/189.129 11/10/1998 05/09/1997 PCT/US97/07870 TECH **DENTER** 1600/29 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number Place Customer Number Bar Code OR

Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Name Number Gary L. Creason Raymond G. Arner 32,958 34.310 36,373 Niki D. Cox 42,446 Allan A. Brookes 40,702 Timothy P. Linkkila John T. Li 44,210 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: Customer Number OR Correspondence address below or Bar Code Label Niki D. Cox Name BIOGEN, INC. <u>Address</u> 14 Cambridge Center **Address** 02142 MA City Cambridge State 7IP (617) 679-283B (617) 679-2079 USA Telephone Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Linda C. Burkly Inventor's 3/12/02 Date Signature **USA USA** West Newton MA Citizenship Residence: City 34 Winthrop Street Post Office Address Post Office Address **USA** 02465 MA West Newton Country

1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached heret

PRADEM! Please type a plus sign (+) inside this box ->

PTO/SB/02A (3-97)
sign (+) inside this box

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Addition	Name of Additional Joint Inventor, if any:						entor		
Given Name (first and middle [if any])					Family Na	me or S	umame		
Christopher D.				A Benjamin					
Inventor's Signature	Chi de phu) Day of Mu 3/14/						2/11/0		
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Post Office Address									
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Given Na	me (first and middle [if any])			Family Na	me or S	umame		
	Catherine Hession				*				
Inventor's Signature	Catherine Hission Date 3					3/17/03			
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City	Hingham.	State	MA	ZIP	02043	Count	usA USA		JSA
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature						Date			
Residence: City		State		Country			Citizenship		
Post Office Address									
Post Office Address							.		
City		State		ZiP		Co	ountry	untry	

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March <u>17</u>, 2003

Jacqueline L. Marlier

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- 1. Transmittal Form (1 pg.);
- 2. Response to Office Action (8 pgs.);
- 3. Petition for Correction of Inventorship (2 pgs.);
- 4. Executed Declaration (3 pgs.);
- 5. Return Receipt Postcard